

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

<b>Application Number</b>	10/816,183-Conf. #7854
<b>Filing Date</b>	March 31, 2004
<b>First Named Inventor</b>	Raymond P. Feith
<b>Title</b>	MULTI-VALVE INJECTION/ASPIRATION MANIFOLD WITH NEEDLELESS ACCESS, etc.
<b>Art Unit</b>	3763
<b>Examiner Name</b>	Q. H. Vu
<b>Attorney Docket No.</b>	74688/P004CP1D1/10804933

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 000029053

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:  

OR

<input type="checkbox"/> Firm or Individual Name
---

Address

City

State

Zip

Country

Telephone

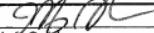
Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	6-11-08
Name	Jeff Goble	Telephone	(480) 344-5000

Title and Company

President, Medegen, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.